

---

THE GENERAL ASSEMBLY OF PENNSYLVANIA

---

SENATE BILL

No. 1225 Session of  
2022

---

INTRODUCED BY MENSCH, K. WARD, BAKER, BARTOLOTTA, GEBHARD,  
LANGERHOLC, MARTIN, PHILLIPS-HILL, STEFANO, TOMLINSON,  
J. WARD, COSTA, BOSCOLA, BREWSTER, CAPPELLETTI, COLLETT,  
FONTANA, HUGHES, KEARNEY AND TARTAGLIONE, MAY 9, 2022

---

REFERRED TO BANKING AND INSURANCE, MAY 9, 2022

---

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An  
2 act relating to insurance; amending, revising, and  
3 consolidating the law providing for the incorporation of  
4 insurance companies, and the regulation, supervision, and  
5 protection of home and foreign insurance companies, Lloyds  
6 associations, reciprocal and inter-insurance exchanges, and  
7 fire insurance rating bureaus, and the regulation and  
8 supervision of insurance carried by such companies,  
9 associations, and exchanges, including insurance carried by  
10 the State Workmen's Insurance Fund; providing penalties; and  
11 repealing existing laws," in casualty insurance, further  
12 providing for coverage for mammographic examinations and  
13 diagnostic breast imaging.

14 The General Assembly of the Commonwealth of Pennsylvania  
15 hereby enacts as follows:

16 Section 1. Section 632(b) of the act of May 17, 1921  
17 (P.L.682, No.284), known as The Insurance Company Law of 1921,  
18 amended July 1, 2020 (P.L.572, No.52), is amended to read:

19 Section 632. Coverage for Mammographic Examinations and  
20 Diagnostic Breast Imaging.--\* \* \*

21 (b) A group or individual health or sickness or accident  
22 insurance policy providing hospital or medical/surgical coverage

1 and a group or individual subscriber contract or certificate  
2 issued by any entity subject to 40 Pa.C.S. Ch. 61 or 63, this  
3 act, the "Health Maintenance Organization Act," the "Fraternal  
4 Benefit Society Code" or an employe welfare benefit plan as  
5 defined in section 3 of the Employee Retirement Income Security  
6 Act of 1974 providing hospital or medical/surgical coverage  
7 shall also provide coverage for breast imaging. The minimum  
8 coverage required shall include supplemental magnetic resonance  
9 imaging or, if such imaging is not possible, ultrasound if  
10 recommended by the treating physician because the woman is  
11 believed to be at an increased risk of breast cancer due to:

- 12 (1) personal history of atypical breast histologies;
- 13 (2) personal history or family history of breast cancer;
- 14 (3) genetic predisposition for breast cancer;
- 15 (4) prior therapeutic thoracic radiation therapy;
- 16 (5) heterogeneously dense breast tissue based on breast  
17 composition categories of the Breast Imaging and Reporting Data  
18 System established by the American College of Radiology [with  
19 any one of the following risk factors:

- 20 (i) lifetime risk of breast cancer of greater than 20%,  
21 according to risk assessment tools based on family history;
- 22 (ii) personal history of BRCA1 or BRCA2 gene mutations;
- 23 (iii) first-degree relative with a BRCA1 or BRCA2 gene  
24 mutation but not having had genetic testing herself;
- 25 (iv) prior therapeutic thoracic radiation therapy between 10  
26 and 30 years of age; or
- 27 (v) personal history of Li-Fraumeni syndrome, Cowden  
28 syndrome or Bannayan-Riley-Ruvalcaba syndrome or a first-degree  
29 relative with one of these syndromes.]; or

- 30 (6) extremely dense breast tissue based on breast

1 composition categories of the Breast Imaging and Reporting Data  
2 System established by the American College of Radiology. Nothing  
3 in this subsection shall be construed to require an insurer to  
4 cover the surgical procedure known as mastectomy [or to prevent  
5 the application of deductible, copayment or coinsurance  
6 provisions contained in the policy or plan].

7 \* \* \*

8 Section 2. This act shall apply as follows:

9 (1) For health insurance policies for which either rates  
10 or forms are required to be filed with the Federal Government  
11 or the Insurance Department, this act shall apply to any  
12 policy for which a form or rate is first filed on or after  
13 the effective date of this section.

14 (2) For health insurance policies for which neither  
15 rates nor forms are required to be filed with the Federal  
16 Government or the Insurance Department, this act shall apply  
17 to any policy issued or renewed on or after 180 days after  
18 the effective date of this section.

19 Section 3. This act shall take effect in 60 days.